



STATE OF MAINE
MAINE REVENUE SERVICES
24 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0024

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COMMISSIONER
DEPARTMENT OF
ADMINISTRATIVE & FINANCIAL SERVICES

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APPLICATION FOR SALE/USE TAX EXEMPTION CERTIFICATE
FOR AN INCORPORATED NONPROFIT FIRE DEPARTMENT

Name of Corporation _____
Name of Fire Department _____
Physical Location _____
Mailing Address _____

The statute reads, "Incorporated nonprofit fire departments."

Is the fire department incorporated? Yes ___ No ___

Send a copy of the articles of incorporation

Has the fire department received 501(c) nonprofit status from the IRS? Yes ___ No ___

Send a copy of the IRS determination letter indicating 501(c) nonprofit status

IN ORDER TO PROCESS THE APPLICATION THE FOLLOWING MUST BE INCLUDED

1. Copy of the Articles of Incorporation, as well as a copy of the Constitution and/or By-law
2. Copy of the IRS determination letter indicating 501(c) nonprofit status

I hereby certify that _____ is an incorporated nonprofit fire department. I therefore request that a sales/use tax exemption certificate be issued to the above organization pursuant to Title 36 MRSA 1760 (26) and 08-125 CMR 302.

Date: _____

Signature: _____

Tel: _____

Print Name: _____

Fed ID: _____

Title: _____

Date Facility Opened: _____

ST-R-19

